

08/31/99
JCS72 U.S. PRO

Express Mail No.: EJ692421581US
Attorney Docket No.: 99.1081.US

A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

BOX PATENT APPLICATION

Honorable Commissioner of
Patents and Trademarks
Washington, D.C. 20231

Elan Pharmaceutical Research Corporation
1300 Gould Drive
Gainesville, GA 30504

August 31, 1999

Dear Sir:

Transmitted herewith for filing are the specification and claims of the patent application of:

JCS99 U.S. PRO
09/306709
08/31/99

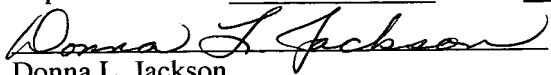
Inventor(s): **David J. Brayden**

Title of Invention: **"ORAL VACCINE COMPOSITIONS"**

Also enclosed are:

<input checked="" type="checkbox"/>	<u>6</u> Sheets of	<input type="checkbox"/> FORMAL DRAWINGS	<input checked="" type="checkbox"/> INFORMAL DRAWINGS
	OATH OR DECLARATION OF APPLICANT(S)		
	A POWER OF ATTORNEY		
	A PRELIMINARY AMENDMENT		
	A VERIFIED STATEMENT TO ESTABLISH SMALL ENTITY STATUS UNDER 37 C.F.R. § 1.19 AND § 1.27		
	A COMPUTER READABLE FORM OF THE SEQUENCE LISTING IN COMPLIANCE WITH 37 C.F.R. § 1.821(e). THE CONTENT OF THE COMPUTER READABLE FORM OF THE SEQUENCE LISTING AND THE SEQUENCE LISTING IN THE SPECIFICATION ARE THE SAME.		
<input checked="" type="checkbox"/>	TWO COPIES OF THIS SHEET ARE ENCLOSED		
	A CERTIFIED COPY OF PREVIOUSLY FILED FOREIGN APPLICATION NO. _____ FILED IN _____ ON _____.		

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X	I hereby certify that this correspondence is being placed in the United States Mail as Express Mail No. EJ692421581US on the 31st day of August , 1999 .  Donna L. Jackson
	A check in the amount of \$ _____ to cover the filing fee for this application. This amount is believed to be correct. However, the Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 05-0670 . A duplicate copy of this sheet is enclosed.
X	The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 05-0670 . A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. § 1.16 <input checked="" type="checkbox"/> Any patent application processing fees under 37 C.F.R. § 1.17.
X	The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 05-0670 . A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any patent application processing fees under 37 C.F.R. § 1.17. <input checked="" type="checkbox"/> Any filing fees under 37 C.F.R. § 1.16 for presentation of extra claims.
	OTHER (IDENTIFY)

The filing fee is calculated as follows:

CLAIMS AS FILED, LESS ANY CLAIMS CANCELLED BY AMENDMENT

TOTAL CLAIMS =	20	20	=	-0-	X	\$18.00	=	\$ 0.00
INDEPENDENT CLAIMS =	2	4	=	2	X	\$78.00	=	\$ 156.00
BASIC FEE							=	\$ 760.00
TOTAL OF ABOVE CALCULATIONS							=	\$ 916.00
REDUCTION BY 1/2 FOR SMALL ENTITY							=	\$ 0.00
TOTAL FILING FEE							=	\$ 916.00

Respectfully submitted,


 Mary L. Severson, Ph.D.
 Registration No. 34,927

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